

**MASSACHUSETTS DEP/DIVISION OF WATER SUPPLY
RADIONUCLIDE REPORT (FORM #6.2)**

R

I. PWS INFORMATION:

1. PWS ID# 1 1 9 1 0 0 0 2. City/Town: Monson
 3. PWS Name: Monson Water & Sewer Dept 4. PWS Class (circle one): COM NTNC, NC
 5. DEP Source Code/Location ID 1191000-10008 6. Sample Location Bunyan Road Replacement Well #2 7. Date Collected 2/7/06 8. Collected by Jalbert
 9. Routine ☒ Special ☐ (explain below)
 Notes: _____

II. LABORATORY ANALYTICAL INFORMATION

Lab Name: STL WESTFIELD Lab Cert.#: MA-014
 Subcontracted? (Y,N) Y Lab Sample ID#: 360-1452-2
 Sub. Lab Name: Hazen Research, Inc. Sub. Lab Cert.#: CO00008
 Sample Preservative Used, If Any: _____
 Composite? (Y/N) N If Y, list the dates of the composited samples: _____

Notes: _____

	Result (pCi/L)	MCL	Detection Limit (pCi/L)	Analytical Method	Date Analyzed
Gross Alpha Activity		15 pCi/L			
Radium - 226*		5 pCi/L			
Radium - 228*	0.0(+/-0.6)		0.6	Ra-05	3/23/06
Radon **		----			
AND for surface water systems serving >100,000 persons:					
Beta Particle Activity		4 mrems/yr			
Uranium		----			

* A gross alpha particle measurement may be substituted for the radium - 226, 228 analysis if the gross alpha is less than 5pCi per liter (95% confidence level).

** Radon testing is optional unless specifically required by DEP.

NOTE: If gross alpha activity exceeds 15 pCi/L, uranium must also be measured. If gross beta particle exceeds 50 pCi/L, analysis of the sample shall be performed to identify the major radioactive constituents including strontium - 89, cesium - 134, iodine - 131, and uranium.

Laboratory Director Signature and Date

Joseph A. Clary for Steve Hareman 7/3/06

Attention:

Mail TWO copies of this report to your **DEP Regional Office** within 30 days of receipt of results and no later than 10 days after the end of the reporting period.

1 Unless you are specifically instructed to do otherwise by your regional office, radionuclide sampling is to be performed at a DEP approved location representative of the ultimate user in the distribution system.

FOR DEP/DWS USE ONLY: PLEASE INITIAL & DATE AS COMPLETED

Accepted:	Disapproved:	Date Entered into WQTS:
Comments:		

RECEIVED APR 9 5 2006